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|---|--|--|--|--|--|---|--|--|
| CLAIMANT'S NAME Joan M. Borucki | | | SSN or EMPLOYEE NUMBER* | | | DEPARTMENT California State Lottery | | |
| POSITION Director | | | CB/ID No. | | | DIVISION or BUREAU Executive | | |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS 600 North 10th Street | | | INDEX NUMBER 1100 | | |
| CITY Sacramento | | | STATE CA | | | ZIP CODE 95811 | | |
| CITY Sacramento | | | STATE CA | | | ZIP CODE 95811 | | |

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| (1) NORMAL WORK HOURS 0800-1700 | (2) PRIVATE VEHICLE LICENSE NUMBER | (3) MILEAGE RATE CLAIMED 0.550 |
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| (4) MONTH/YEAR 06/09 | | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS | | | (9) INCIDENTALS | (10) TRANSPORTATION | | | | | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY |
|-------------------------------|-------|--|----------------|-------------------|-------|--|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|--------|-----------------------------|--------------------------------------|
| (5) | | | | (B) BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| DATE | TIME | | | | | | | | | | MILES | AMOUNT | | |
| 06/09 | 1030 | Sacramento - Burbank | 125.50 | | 10.00 | 18.00 | | | | | 10.50 | 5.78 | 9.95 | 169.23 |
| 06/10 | 11:30 | Burbank - Sacramento | | 6.00 | | | 6.00 | 136.00 | T | 9.00 | 10.50 | 5.78 | | 162.78 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| (13) SUBTOTALS | | | 125.50 | 6.00 | 10.00 | 18.00 | 6.00 | 136.00 | | 9.00 | 21.00 | 11.55 | 9.95 | 332.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

CLAIM TOTAL

\$332.00



(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

MLB Education Event - Dodgers Game
 **Taxi mistakenly took her to LAX instead of Burbank Airport
 **Business Expense - Hotel Internet Access

AGENCY ACCOUNTING OFFICE
 USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

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| CLAIMANT'S SIGNATURE  | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  | DATE |
|--|------|---|------|

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| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)  | DATE |
|---|------|

